

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Eugene S. Clarke
Address P. O. Box 373 Hollandale, MS 38748 County Washington
Telephone (Work) 662-827-7261 (Home) 662-827-5685 (Fax) 662-827-7264
Contact Name _____ Email Address clarke@bellsoath.net
Office Sought State Senator District 22 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	8,200 ⁰⁰ + \$ - 0 -	\$ 8,200 ⁰⁰	\$ 8,200 ⁰⁰
Total amount of disbursements \$	5,232 ⁰⁶ + \$ 3,382 ¹⁹	\$ 8,614 ²⁵	\$ 8,614 ²⁵
Total amount of cash on hand \$		13,414 ⁶⁸	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Eugene S. Clarke
(Signature of Candidate)

1/30/09
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 30 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clarke Reed</u>		<u>3/3/08</u>	\$ <u>1,000</u> ⁰⁰
Mailing Address <u>119 Bayou Rd</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Greenville, MS 38701</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Red Joseph, International, Inc.</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Executive</u>		Aggregate year-to-date	\$ <u>1,000</u> ⁰⁰
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nissan</u>		<u>4/30/08</u>	\$ <u>500</u> ⁰⁰
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u> ⁰⁰
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer</u>		<u>6/30/08</u>	\$ <u>500</u> ⁰⁰
Mailing Address <u>110 Bayer Rd</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Pittsburgh, PA</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u> ⁰⁰
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Health Care Services, Inc</u>		<u>6/30/08</u>	\$ <u>500</u> ⁰⁰
Mailing Address <u>P.O. Box 1459</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Minneapolis, MN 55440</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u> ⁰⁰

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer, Inc.</u>	<u>7/16/08</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>412 Main St</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Franklin, TN 37064</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Entertainment Software Association</u>	<u>8/21/08</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>575 7th St</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Washington, DC</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MD Eye Political Action</u>	<u>10/21/08</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>P.O. Box 217</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>WAPAC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500⁰⁰</u>
Mailing Address <u>702 GW 8th St</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bentonville, AR 72716</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group</u>		<u>10/21/08</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO Box 217</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch Companies</u>		<u>9/22/08</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>106 East College Ave.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tallahassee, FL 32301</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>		<u>9/22/08</u>	\$ <u>1000⁰⁰</u>
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>		<u>9/10/08</u>	\$ <u>400⁰⁰</u>
Mailing Address <u>2630 Ridgewood Rd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 11/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Lab PAC</u>		<u>10/10/08</u>	\$ <u>500⁰⁰</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wyeth Pharmaceuticals - Good Govt Fund</u>		<u>10/17/08</u>	\$ <u>300⁰⁰</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code <u>Madison, NE</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___/___/___	\$
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee

Eugene S. Clarke

Reporting period

1/1/08

through

12/31/08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Shamoon Advertising</u>	<u>3, 17, 08</u>	\$ <u>1,802⁰⁶</u>
Mailing Address		
<u>South Main</u>		
City, State, Zip Code	<u>1 1 1</u>	\$
<u>Greenville MS 38701</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,802⁰⁶</u>
<u>Billboard, cards, ad placement</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Charlie Ross for Congress</u>	<u>3, 27, 08</u>	\$ <u>1,000⁰⁰</u>
Mailing Address		
<u>Brandon, MS</u>		
City, State, Zip Code	<u>1 1 1</u>	\$
<u>Brandon, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000⁰⁰</u>
<u></u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Debut Broadcasting</u>	<u>1, 10, 08</u>	\$ <u>175⁰⁰</u>
Mailing Address		
<u>Reed Road</u>		
City, State, Zip Code	<u>5, 12, 08</u>	\$ <u>175⁰⁰</u>
<u>Greenville MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>350⁰⁰</u>
<u>Sponsorships</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Miss. Center for Public Policy</u>	<u>6, 15, 08</u>	\$ <u>200⁰⁰</u>
Mailing Address		
<u>Jackson MS</u>		
City, State, Zip Code	<u>1 1 1</u>	\$
<u>Jackson MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200⁰⁰</u>
<u></u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Buck, Inc.</u>	<u>3, 17, 08</u>	\$ <u>490⁰⁰</u>
Mailing Address		
<u>Box 668</u>		
City, State, Zip Code	<u>9, 18, 08</u>	\$ <u>190⁰⁰</u>
<u>Hollandale, MS 38778</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>680⁰⁰</u>
<u>Reimbursement + sponsorships, ads</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Clarke, Bradley Baker + Co LLP</u>	<u>2, 8, 08</u>	\$ <u>600⁰⁰</u>
Mailing Address		
<u>301 East Ave</u>		
City, State, Zip Code	<u>11, 15, 08</u>	\$ <u>600⁰⁰</u>
<u>Hollandale, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,200⁰⁰</u>
<u>Reimbursement - supplies, telephone, clerical, travel</u>		